



# California State University, San Bernardino

## Supplemental Graduate Application for International Students

If you are applying for a graduate-level major (i.e. a master's degree), you must also complete this form as well the university application contained in this publication. Be sure to contact your graduate department for possible requirements and forms.

1. Specify major/program objective at time of enrollment (fill in applicable information).

2. Term applying for (please check one term only)  Fall  Spring  Winter \_\_\_\_\_ Year

3. US Social Security Number (if none, leave blank) \_\_\_\_\_

4. Name \_\_\_\_\_  
 Full legal family/last name(as it appears or will appear on your passport) First/given name Middle name

5. Mailing Address

Street Address

Apartment

City State Province Country Postal code

6a. Home telephone \_\_\_\_\_

6b. Daytime phone or message number \_\_\_\_\_

6c. E-mail \_\_\_\_\_

6d. Fax number \_\_\_\_\_

7. Birthdate (month/day/year) \_\_\_\_\_ 8. Gender (male/female) \_\_\_\_\_

9. Ethnic Identity Code (See International Application Code Table) \_\_\_\_\_

10. List in chronological order all colleges and universities attended, including professional schools, regardless of length of attendance, even if no work was completed.

Name and Location of Institution	Month/Year of Attendance		Major	Estimated Overall GPA	Degree Earned Month/Year (to be) Received
	From	To			

11. List below the college courses in which you are currently enrolled and the additional courses you plan to complete before entering, including summer school courses that are not currently reflected on transcripts.

Courses in Progress				Courses Planned		
Institution	Term/Year	Dept. Course No. & Title	Unit Value	Term/Year	Dept. Course No. & Title	Unit Value

12. Educational Credential \_\_\_\_\_ Teacher, Specialist or other service credential program. Enter appropriate code in box (See Code Table): N-Not interested in a credential program **A** - Seeking a Supplementary Authorization  
**X**-Applying to a credential program **Y**-Fulfilling credential professional development requirement  
**F**-Seeking a credential at a later date **C**-Completing 5th year requirements  
**S**-Out-of-state teacher completing CA credential requirements

Credential objective name \_\_\_\_\_ Specified credential code (see Code Table) \_\_\_\_\_

Supplemental courses for Supplementary Authorization \_\_\_\_\_

13. Have you been admitted to a program for the credential you are now seeking  Yes  No  
 If "yes", which campus? \_\_\_\_\_

14. Do you hold or have you ever held a valid California teaching credential?  Yes  No

If "yes", please indicate the status of your credential(s) on the line adjacent to the credential title(s).  
 (1- Partial or Preliminary, 2- Clear or Professional, 3- Life, 4- Expired)

\_\_\_ General elementary    \_\_\_ Standard elementary    \_\_\_ General Secondary    \_\_\_ Standard secondary  
 \_\_\_ Multiple subject    \_\_\_ Administrative services    \_\_\_ Single subject    \_\_\_ Other

15. Academic honors (scholarships, awards, and publications) \_\_\_\_\_  
 \_\_\_\_\_

16. List your first language \_\_\_\_\_

Indicate your proficiency in other languages in which you have competence. Rate yourself E-excellent, O-good, P-poor

Language	Reading	Writing	Speaking	Language	Reading	Writing	Speaking	Language	Reading	Writing	Speaking
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Years of instruction through the medium of English \_\_\_\_\_

17. Test scores. List below standardized U.S. graduate admissions tests taken/scheduled: GMAT, GRE, TOEFL, NTE, CBEST, etc. Official test reports must be sent to the office of admission directly from the testing service.

Test	Date Taken / Scheduled	Scores Received	Date Scores Requested
GRE	_____	General Verbal _____ % Quant. _____ % Analytical _____ %	_____
TOEFL	_____	Scaled Scores: Sec.1 _____ Sec 2 _____ Sec.3 _____	_____
OTHERS	_____		_____

18. List all applicable employment. Include military service but omit summer and part-time work not relevant to your career or academic goal. Indicate your present employer, if now employed.

Employer	Nature of Work	Inclusive Working Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. List below the three faculty members who best know your academic qualifications, including performance, potential, and motivation. If required by the individual program to which you are applying, request these individuals to send letters of reference directly to the department chair or graduate coordinator of the program.

Name	Address	Position and Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Statement of Purpose. Attach a brief statement of purpose describing reason(s) for pursuing graduate or postbaccalaureate study. Include any additional information concerning your preparation that is pertinent to the objective specified.. You may also attach a resume and/or letters of reference if required by the department.

I certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_